

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 64/663281	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		3					56						
7	1						57						
8		1					58						
9		2					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14	1						64						
15	1						65						
16							66						
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40							91						
41							92						
42							93						
43							94						
44							95						
45							96						
46							97						
47							98						
48							99						
49							100						
50													
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						